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| 0002/Rev. 10/2000 FEE TRANSMITTAL TOTAL AMOUNT OF PAYMENT Subtotal (1) + Subtotal (2) + Subtotal (3) = (\$).00 | U.S. Department of Commerce Patent and Trademark Office | | Complete if Known | |
| | Application Number | | 09/502,534 | |
| | Filing Date | | February 10, 2000 | |
| | First Named Inventor | | Dan Meisburger | |
| | Group Art Unit | | 2878 | |
| | Examiner Name | | Not Yet Known | |
| Attorney Docket Number | | 4765 | | |

| METHOD OF PAYMENT | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------------|--|---------------------------------|------------------------------|------------------------------|-----------------|------------------------|----------------|--------------------------|-------------------------------------|--------------------------|---------------|--------------------------|--|---------------------------------|---|--------------------------|--|---|--------------------|--------------------------|--|--------------------------|----------------|-----------|---|--------------------------|-----------|-----------|--|--------------------------|-------------|-----------|---|--------------------------|-------------|-----------|--|--------------------------|-----------|-----------|--|--------------------------|-------------|-----------|--|--------------------------|-------------|-----------|--------------------------------|--------------------------|------------------------------------|-----------|------------------|--------------------------|-----------|-----------|-------------------------------|--------------------------|-----------|-----------|--|--------------------------|-----------|-----------|---|--------------------------|----------|----------|--|--------------------------|-----------|-----------|---|--------------------------|-----------|-----------|--|--------------------------|----------------------|--|--|--------------------------|----------------------|--|--|--------------------------|---------------------|--|----------------|--|
| 1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account. <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. ¹ <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 Deposit Account Number: 19-2555 Deposit Account Name: FENWICK & WEST LLP A Duplicate Copy of this authorization is attached 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other | | 3. ADDITIONAL FEES <table border="1"><thead><tr><th>Large Entity Fee Code/Fee</th><th>Small Entity Fee Code/Fee</th><th>Fee Description</th><th>Fee Due</th></tr></thead><tbody><tr><td>105/\$130</td><td>205/\$65</td><td>Surcharge - late filing fee or oath</td><td><input type="checkbox"/></td></tr><tr><td>127/\$50</td><td>227/\$25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr><tr><td>147/\$2,520</td><td>147/\$2,520</td><td>For filing a request for reexamination</td><td><input type="checkbox"/></td></tr><tr><td>115/\$110</td><td>215/\$55</td><td>Extension for response within first month[†]</td><td><input type="checkbox"/></td></tr><tr><td>116/\$390</td><td>216/\$195</td><td>Extension for response within second month[†]</td><td><input type="checkbox"/></td></tr><tr><td>117/\$890</td><td>217/\$445</td><td>Extension for response within third month[†]</td><td><input type="checkbox"/></td></tr><tr><td>118/\$1,390</td><td>218/\$695</td><td>Extension for response within fourth month[†]</td><td><input type="checkbox"/></td></tr><tr><td>128/\$1,890</td><td>228/\$945</td><td>Extension for response within fifth month[†]</td><td><input type="checkbox"/></td></tr><tr><td>119/\$310</td><td>219/\$155</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr><tr><td>141/\$1,240</td><td>241/\$620</td><td>Petition to revive unintentionally abandoned application</td><td><input type="checkbox"/></td></tr><tr><td>142/\$1,240</td><td>242/\$620</td><td>Utility Issue Fee (Or Reissue)</td><td><input type="checkbox"/></td></tr><tr><td>143/\$440</td><td>243/\$220</td><td>Design Issue Fee</td><td><input type="checkbox"/></td></tr><tr><td>122/\$130</td><td>122/\$130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr><tr><td>126/\$240</td><td>126/\$240</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr><tr><td>179/\$710</td><td>279/\$355</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr><tr><td>581/\$40</td><td>581/\$40</td><td>Recording each patent assignment per property (times number of properties)</td><td><input type="checkbox"/></td></tr><tr><td>146/\$710</td><td>246/\$355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td><input type="checkbox"/></td></tr><tr><td>149/\$710</td><td>249/\$355</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td><input type="checkbox"/></td></tr><tr><td colspan="2">Other fee (specify):</td><td></td><td><input type="checkbox"/></td></tr><tr><td colspan="2">Other fee (specify):</td><td></td><td><input type="checkbox"/></td></tr><tr><td colspan="2">SUBTOTAL (3)</td><td>(\$).00</td><td></td></tr></tbody></table> | | Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Fee Description | Fee Due | 105/\$130 | 205/\$65 | Surcharge - late filing fee or oath | <input type="checkbox"/> | 127/\$50 | 227/\$25 | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 147/\$2,520 | 147/\$2,520 | For filing a request for reexamination | <input type="checkbox"/> | 115/\$110 | 215/\$55 | Extension for response within first month [†] | <input type="checkbox"/> | 116/\$390 | 216/\$195 | Extension for response within second month [†] | <input type="checkbox"/> | 117/\$890 | 217/\$445 | Extension for response within third month [†] | <input type="checkbox"/> | 118/\$1,390 | 218/\$695 | Extension for response within fourth month [†] | <input type="checkbox"/> | 128/\$1,890 | 228/\$945 | Extension for response within fifth month [†] | <input type="checkbox"/> | 119/\$310 | 219/\$155 | Notice of Appeal | <input type="checkbox"/> | 141/\$1,240 | 241/\$620 | Petition to revive unintentionally abandoned application | <input type="checkbox"/> | 142/\$1,240 | 242/\$620 | Utility Issue Fee (Or Reissue) | <input type="checkbox"/> | 143/\$440 | 243/\$220 | Design Issue Fee | <input type="checkbox"/> | 122/\$130 | 122/\$130 | Petitions to the Commissioner | <input type="checkbox"/> | 126/\$240 | 126/\$240 | Submission of Information Disclosure Statement | <input type="checkbox"/> | 179/\$710 | 279/\$355 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 581/\$40 | 581/\$40 | Recording each patent assignment per property (times number of properties) | <input type="checkbox"/> | 146/\$710 | 246/\$355 | Filing a submission after final rejection (37 CFR 1.129(a)) | <input type="checkbox"/> | 149/\$710 | 249/\$355 | For each additional invention to be examined (37 CFR 1.129(b)) | <input type="checkbox"/> | Other fee (specify): | | | <input type="checkbox"/> | Other fee (specify): | | | <input type="checkbox"/> | SUBTOTAL (3) | | (\$).00 | |
| Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Fee Description | Fee Due | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105/\$130 | 205/\$65 | Surcharge - late filing fee or oath | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127/\$50 | 227/\$25 | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 147/\$2,520 | 147/\$2,520 | For filing a request for reexamination | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 115/\$110 | 215/\$55 | Extension for response within first month [†] | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 116/\$390 | 216/\$195 | Extension for response within second month [†] | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 117/\$890 | 217/\$445 | Extension for response within third month [†] | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 118/\$1,390 | 218/\$695 | Extension for response within fourth month [†] | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128/\$1,890 | 228/\$945 | Extension for response within fifth month [†] | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 119/\$310 | 219/\$155 | Notice of Appeal | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 141/\$1,240 | 241/\$620 | Petition to revive unintentionally abandoned application | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 142/\$1,240 | 242/\$620 | Utility Issue Fee (Or Reissue) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 143/\$440 | 243/\$220 | Design Issue Fee | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 122/\$130 | 122/\$130 | Petitions to the Commissioner | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 126/\$240 | 126/\$240 | Submission of Information Disclosure Statement | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 179/\$710 | 279/\$355 | Request for Continued Examination (RCE) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 581/\$40 | 581/\$40 | Recording each patent assignment per property (times number of properties) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 146/\$710 | 246/\$355 | Filing a submission after final rejection (37 CFR 1.129(a)) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 149/\$710 | 249/\$355 | For each additional invention to be examined (37 CFR 1.129(b)) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify): | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify): | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (3) | | (\$).00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. FILING FEE <table border="1"><thead><tr><th>Large Entity Fee Code/Fee</th><th>Small Entity Fee Code/Fee</th><th>Fee Description</th><th>Fee Due</th></tr></thead><tbody><tr><td>101/\$710</td><td>201/\$355</td><td>Utility Filing</td><td><input type="checkbox"/></td></tr><tr><td>106/\$320</td><td>206/\$160</td><td>Design Filing</td><td><input type="checkbox"/></td></tr><tr><td>108/\$710</td><td>208/\$355</td><td>Reissue</td><td><input type="checkbox"/></td></tr><tr><td>114/\$150</td><td>214/\$75</td><td>Provisional Filing</td><td><input type="checkbox"/></td></tr><tr><td colspan="2">SUBTOTAL (1)</td><td>(\$).00</td><td></td></tr></tbody></table> | | Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Fee Description | Fee Due | 101/\$710 | 201/\$355 | Utility Filing | <input type="checkbox"/> | 106/\$320 | 206/\$160 | Design Filing | <input type="checkbox"/> | 108/\$710 | 208/\$355 | Reissue | <input type="checkbox"/> | 114/\$150 | 214/\$75 | Provisional Filing | <input type="checkbox"/> | SUBTOTAL (1) | | (\$).00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Fee Description | Fee Due | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101/\$710 | 201/\$355 | Utility Filing | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106/\$320 | 206/\$160 | Design Filing | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108/\$710 | 208/\$355 | Reissue | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 114/\$150 | 214/\$75 | Provisional Filing | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | (\$).00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. CLAIMS <table border="1"><thead><tr><th>Large Entity Fee Code/Fee</th><th>Small Entity Fee Code/Fee</th><th>Fee Description</th></tr></thead><tbody><tr><td>103/\$18</td><td>203/\$9</td><td>Claims in excess of 20</td></tr><tr><td>102/\$80</td><td>202/\$40</td><td>Independent claims in excess of 3</td></tr><tr><td>104/\$270</td><td>204/\$135</td><td>Multiple dependent claim</td></tr><tr><td>109/\$80</td><td>209/\$40</td><td>Reissue independent claims over original patent</td></tr><tr><td>110/\$18</td><td>210/\$9</td><td>Reissue claims in excess of 20 and over original patent</td></tr></tbody></table> | | Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Fee Description | 103/\$18 | 203/\$9 | Claims in excess of 20 | 102/\$80 | 202/\$40 | Independent claims in excess of 3 | 104/\$270 | 204/\$135 | Multiple dependent claim | 109/\$80 | 209/\$40 | Reissue independent claims over original patent | 110/\$18 | 210/\$9 | Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103/\$18 | 203/\$9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102/\$80 | 202/\$40 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104/\$270 | 204/\$135 | Multiple dependent claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109/\$80 | 209/\$40 | Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110/\$18 | 210/\$9 | Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th colspan="2">(Col. 1)</th><th colspan="2">(Col. 2)</th><th colspan="2">(Col. 3)</th><th colspan="2">Fee</th><th colspan="2">Fee Due</th></tr><tr><th>For</th><th>No. of Existing Claims</th><th>minus*</th><th>Highest No. Previously Paid For</th><th>=</th><th>Extra**</th><th>x</th><th>=</th><th></th><th></th></tr></thead><tbody><tr><td>TOTAL</td><td></td><td>minus*</td><td>20 or 0</td><td>=</td><td></td><td>x</td><td>=</td><td></td><td></td></tr><tr><td>INDEP</td><td></td><td>minus*</td><td>3 or 0</td><td>=</td><td></td><td>x</td><td>=</td><td></td><td></td></tr><tr><td colspan="10">[] First presentation of multiple dependent claim</td></tr></tbody></table> | | (Col. 1) | | (Col. 2) | | (Col. 3) | | Fee | | Fee Due | | For | No. of Existing Claims | minus* | Highest No. Previously Paid For | = | Extra** | x | = | | | TOTAL | | minus* | 20 or 0 | = | | x | = | | | INDEP | | minus* | 3 or 0 | = | | x | = | | | [] First presentation of multiple dependent claim | | | | | | | | | | SUBTOTAL (2) (\$).00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Col. 1) | | (Col. 2) | | (Col. 3) | | Fee | | Fee Due | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For | No. of Existing Claims | minus* | Highest No. Previously Paid For | = | Extra** | x | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | minus* | 20 or 0 | = | | x | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDEP | | minus* | 3 or 0 | = | | x | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [] First presentation of multiple dependent claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

[†] Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby
Rev. 09/30/2000